



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Accountability Issues for KY's Public Health Agencies

*- Submitted by Rice C. Leach,
M.D., Commissioner, Dept of
Public Health*

The Early Childhood Development initiative will infuse over \$10 million a year into our budget with most of that funding going to the local health departments to perform outreach activities designed to have a positive impact on pregnant women and their babies (HANDS). These funds must be used to provide specific state mandated services under the direction of the Division of Adult and Child Health. These funds are to be used to redirect current staff to field and outreach activities.

They should not be used to hire new personnel. The

Commonwealth expects state and local public health to get results from this investment.

The HANDS program is based on work done in other areas so the staff will be expected to perform the outreach activities that have been proven to reduce health risks to mothers and babies rather than trying to develop untried approaches. Our public expects state and local public health to achieve documented reductions in some of the risk measures.

We can expect to see further reductions in local health department revenue from Medicaid as the combination of modified KENPAC, individual contracts and agreements, and general pressure on their budget require them to control their funds more closely. Plan for the possibility of reduced clinic

revenue from Medicaid and prepare to adapt should it materialize. Health departments in Regions III and V did this during the last biennium so we have people who can tell us what worked and what didn't work. The state and local health departments are expected to adapt to this changing economic environment.

The governor's budget requested fee adjustments and the general assembly approved the request. Public health is expected to use this authority to address some of the funding problems that developed over the last two years. This department realizes that adjusting fees to generate income to support our regulatory functions and clinic operations will annoy some parties. However, we made the case for more revenue and received authority to generate part of it this way so we must move ahead.

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Health departments must comply with the guidelines for audits. In general this is going to increase the cost of audits significantly. You may want to find ways for individual health departments to contact a single audit firm to see whether or not one firm can do several health departments in one contract for less than the cost of doing the same number by individual contracts. We must comply with these federal requirements as a condition of receiving federal funds.

Last fall the Department for Public Health's local health department work group began on a self-assessment tool for boards of health to use with health department management. Work on finalizing that document has begun and we expect to have it available to you by the end of the fiscal year. Boards and health departments should use this tool to assess their health departments annually. It is a way of being accountable to the county.

The Centers for Disease Control and Prevention (CDC) is moving along with its national assessment tool for states and local health departments. We are one of the few entities in health that is not accountable to any accrediting body. State and local governments do not license us and no external review group certifies us. Hospitals, nursing homes, home health, primary care, and even tattoo parlors are accountable to someone else. We need to be accountable as well.

The local health department work group is also working on a method to determine what it takes to do an adequate job of meeting the mandated services as well as the services governed by the appropriated budget. Once this work is completed, we will have a definition of the "accountable" level of mandated and budgeted services that must be met before optional services should be initiated. This will create another level of accountability.

The new state contracting and accounting system, MARS, requires us to have contracts with each local health department, and it restricts to some degree the frequency with which these contracts can be modified. This will generate yet another level of accountability for all of us.

The Combined Services Account and the Central Bank Account will go off line June 30, 2000. That means that this department will no longer have the ability to rapidly advance funds to departments experiencing a cash flow problem. You must start now to be prepared to have enough cash reserve to manage your operations. We cannot emphasize this point enough. Experience tells us that there will be many times during FY 2001 when some departments will need cash advances. It may not be available from the state in time to help after June 30, 2000, so be prepared.

Internet access for our information systems is being

developed and installed across the state. This will generate new opportunities and new challenges. We will be accountable for following the security, programming, copyright, and personal use limits this system places on us. We will be accountable for learning how to use it and how to maintain it.

The Cabinet for Health Services is requiring all federal grant applications to identify how the requested funds link with other activities to focus on the administration's goals, to strengthen the cabinet's role in the administration's initiatives, to build on existing strengths and to reduce duplication of effort. This will make all of us more accountable to each other as we find the common ground.

ACH Anecdotes

Kentucky Department for Public Health Tobacco Control Program FY 2001-2002

Background:

The "Tobacco Settlement" negotiated by several state Attorneys General with the tobacco manufacturers provided substantial revenue for states to use as they see fit. Governor Paul Patton recommended and the General Assembly appropriated \$2,527,500 for FY 2001 and \$3,040,000 for FY 2002 for the Cabinet for Health Services. The Centers for Disease Control and Prevention's (CDC) recommendations for use

of these funds address four objectives:

- Smoking cessation among children and adults;
- Decreased numbers of new smokers;
- Reduced exposure to second-hand smoke; and
- Reduced disparity among ethnic and economic groups with high health risks from smoking.

The Department for Public Health submitted a proposal for an effective tobacco reduction program based on local planning, use of existing infrastructure, and strong linkages among the many groups concerned about reducing the health risks and illness associated with tobacco use.

The Department for Public Health's Goal:

To cease to be the state with the greatest percent of adult and teen smokers and to become number two or better within two years.

The approach is to allocate funds to the 55 local health departments (see attached budget spreadsheet) and to require these health departments to:

Write a plan for how each local health department will work with other concerned local groups to meet the four CDC objectives. The plan is due no later than January 1, 2001.

Planning Requirements:

The plan must

- indicate what actions will be initiated during FY 2002.
- indicate how the community will address the four CDC objectives.
 - Smoking cessation among children and adults
 - Decreased numbers of new smokers
 - Reduced exposure to second hand smoke
 - Reduced disparity among ethnic and economic groups with high health risks from smoking.
- identify what resources are available to achieve the objectives.
- indicate what results will be achieved during FY 2002.
- indicate what group(s) will be responsible for achieving the objective.
- reflect the input and resource commitments of the following groups if available

Local hospital
 Local medical society
 Local volunteer or non-profit groups
 Local schools
 Local Comprehensive Care Organizations
 Local partners in the Kentucky Intervention Project (KIP)
 Local Early Childhood Development partners
 Local Diabetes control teams
 Local Cardiovascular Disease teams
 Local Future Farmers of America
 Local 4-H clubs
 Boy Scouts

Girl Scouts
 Church groups
 Local K-ACTION Partners
 Local Media Outlets
 Other concerned parties

- indicate how the process will be monitored.
- indicate how the outcomes will be evaluated.
- indicate which interventions will be initiated during FY 2001.
- indicate how the tobacco control process will continue beyond FY 2002.

Planning Guidance:

Health departments will need a transition period for developing and implementing their tobacco prevention and cessation programs.

Those health departments currently receiving the CDC's tobacco control funds and who have successfully implemented comprehensive cessation and control programs may use these funds to expand their efforts if the current plan meets the requirements listed above.

The collaborative tobacco cessation and prevention programs should be based on "best practices" such as those used by the Kentucky Intervention Program (KIP).

The Department for Public Health will accept plans developed by other organizations in lieu of a local health

department plan if that plan meets the requirements listed above and if the local health department agrees to let another group act as the lead for comprehensive tobacco control planning.

The Department for Public Health will provide ongoing technical guidance and training for local health departments to help them achieve the goals and strategies identified by the CDC.

The Department for Public Health's Tobacco Control Program will schedule technical assistance workshops related to community mobilization, policy development, technical assistance and training, surveillance and evaluation, and information exchange.

Health departments serving multiple counties should designate a full-time tobacco coordination coordinator. Health departments serving single counties should designate a half-time tobacco coordinator. The Department for Public Health will provide technical assistance to these coordinators.

Tobacco control staff should participate in Department for Public Health and other agency tobacco control workgroups. Other agency staff are invited to participate in Department for Public Health workshops on a space available basis.

If you need further clarification of these issues, please contact the

Tobacco Control Program at (502) 564-7996.

- *submitted by Rice C. Leach, M.D., Commissioner, Dept of Public Health*

Estrogen-Progestin Therapy Raises Risk of Breast Cancer:

In a recent study, National Cancer Institute (NCI) scientists found that hormone replacement therapy (HRT) combining estrogen and Progestin is linked to a greater risk of breast cancer than the use of estrogen alone.

The study, which as reported in the January 26th issue of the *Journal of the American Medical Association* (JAMA), also showed that women taking either type of HRT have a higher risk of breast cancer than women not using hormones.

Many women are on HRT to relieve symptoms of menopause, such as hot flashes and insomnia. Previous research has shown that HRT may have important benefits, such as protection against heart disease, stroke, vaginal dryness, and thinning of the bones.

The NCI study involved 46,000 women. The researchers found that for women who took the estrogen-progestin combination, breast cancer risk increased about eight percent for each year they took it. Risk increased about one percent a year for women taking estrogen alone.

When scientists looked at subgroups of women, they found

increases in risk associated with HRT among lean women, but not heavy women. Compared to non-users, among lean women the rate of breast cancer increased by 12 percent for each year of estrogen-progestin use compared to three percent for estrogen alone.

The study also showed that breast cancer risk increased with the number of years a woman was on HRT. Short-term use of hormones for two or three years to relieve symptoms of menopause was not linked to increased risk of breast cancer. Also, there was no increased risk among women who had stopped either type of HRT for more than four years.

More studies are needed on long-term use of combined HRT. Meanwhile, women should talk with their doctor about the risks and benefits of taking hormones before making a decision.

For more information, call the Cancer Information Service at **1-800-4-CANCER**.

- *extracted from the KBCC newsletter, "In Touch", Spring 2000 issue and article contributed by Suzanne Froelich, Communication Specialist Mid-South Cancer Information Service, University of Kentucky*

PHPS Passages
New Computer System:

The Milk Safety Branch is happy to announce we have a new central computer system which was developed by the Governor's Office of Technology. Without the installation of this new system our office would be using notebooks and pencils, so we are very grateful. In addition, Empower Kentucky has made possible the opportunity for the Division of Public Health Protection and Safety to provide mobile computers to field inspectors to expedite our inspection programs. Field staff will soon have the ability to connect with the central office system to upload and download data on a daily basis. We are excited about the possibility of providing immediate informational services to the stock holders and consumer public we serve.

- *submitted by David Klee,
Director, Division of Public
Health Protection & Safety*

Staff Spotlight

Recognition of Environmental Health Staff:

We would like to recognize FIVCO District Health Department Staff : Linda "Bubbles" Kirtley.

This lady is the center of our organizational chart in Environmental Services. She can answer two incoming calls, hand out applications for site-evaluations, enter data into the computer, and drink a cup of coffee all at the same time! By

the way, her coffee mug is printed "Want to guess where my tattoo is?"

She has one daughter, Lara, and a son, Stewart, and the love of her life is a grandson, Mason.

Ms. Kirtley has been awarded the KPHA Support Staff Award in the past for her outstanding work in Environmental Health.

For everyone who knows Linda, she is a ray of sunshine in your day. Thank you Linda, for all the good work you do for us!

- *submitted by Suzanne Smith,
Environmental Health
Supervisor, FIVCO*

Joe Camel's Nasty Habits Workshop to Attack Youth Smoking:

Everyday in the United States, 6,000 young people under age 18 try smoking and more than 3,000 of them become regular smokers. Kentucky has the highest rates of youth and adult smoking rates. An innovative program, "Joe Camel's Nasty Habits: How Kids are Manipulated to Smoke and How You Can Help a Generation of Children" was held Wednesday, April 26 from 6-8:30 p.m. at the Four Seasons Sports Country Club. This free program was targeted at parents, teachers, PTA members, and school administrators. Its purpose was to inform and mobilize school decision makers who can change school policies on how to decrease youth tobacco use.

"We are encouraging school teams, consisting of at least one teacher or school administrator, one parent, and one other school representative, to attend and apply for one of the ten \$500 mini-grants," said Stephanie Turner, Tobacco Prevention Coordinator of the Northern Kentucky Independent District Health Department. "These grants are meant to help schools implement a tobacco reduction plan. One member of the team must be a member of the Site Based Decision-Making Council (SBDC) or an equivalent school decision-making group."

Young people, ages 14-18, are the fastest growing group of first-time tobacco users. Tobacco companies specifically target youth with advertising. Holmes Junior High students and the Health Department recently conducted an "Operation Storefront" survey of Covington grocery and convenience stores. The results (February 2000) revealed that there were an average of eleven tobacco promoting advertisements inside each of the stores.

"Young people greatly underestimate the addictiveness of nicotine," said Turner. "Seventy percent of teen smokers wish they had never started smoking in the first place. It is very hard for youth to quit smoking. There needs to be a concerted effort in Northern Kentucky to target our youth to never start smoking and how to quit if they already have begun."

Teens who smoke are a red flag in public health. They are 3 to 22 times more likely to engage in other high risk behaviors such as the use of alcohol, using drugs or engaging in unprotected sex.

“Joe Camel’s Nasty Habits...” program is funded by the American Cancer Society, Mid-South Division, Inc., the Kentucky Department of Public Health, Tobacco Cessation and Prevention Program, and the Northern Kentucky Independent District Health Department. It is sponsored by REACH (Resources for Education to Achieve Coordinated School Health), a committee of school and community members coordinated by the Northern Kentucky Health Department.

- submitted by Peggy Patterson,
Northern KY Independent
District Health Dept.

Purchase District School-based Asthma Education Program:

During the 1999-2000 school year, the Purchase District Health Department was awarded a grant from the American Lung Association to implement a school-based asthma education program. Two school systems served as pilot sites for the project, St. Mary’s Elementary and Middle Schools of Paducah, KY and Hickman County Elementary and High Schools of Clinton, KY. The students in grades K-8 were provided with classroom instructions and handouts on the basics of asthma by DeAnna Leonard, RN, BSN,

from the Purchase District Health Department.

Ms. Leonard also held informational meetings with school staff and parent groups. As a finale to the asthma project, local medical professionals worked with health department staff to provide parents and children affected by asthma with programs to address questions and concerns. The school systems were provided with Asthma Management Manuals and Certificates of Appreciation for their participation.

Asthma has become a national priority due to increased prevalence in children during the past 20 years. It is estimated that 4 million American children and 11 million adults are afflicted by asthma. This chronic inflammation of the airways results in reduced airflow causing symptoms of wheezing, coughing, chest tightness and difficulty breathing. Management requires diagnosis and treatment by a physician.

For more information, contact the Purchase District Health Department, Mayfield at (270) 247-1490.

- submitted by DeAnna
Leonard, RN, Purchase
District Health Department

“Best Feeding” in Purchase:

As health care providers, we all know breastfeeding is “best feeding”. Part of our job is to educate Kentucky about why it is best. Babies who are breastfed

are healthier, smarter and happier because their needs are met more completely. Prevention is a large part of public health services and what better demonstrates that than breastfeeding?

Purchase District Health Department has utilized part of their breastfeeding promotion grant funds to reward mothers who participate in the WIC program and breastfeed. These mothers receive free photos of their baby and birth announcements to send to their friends and family. These women have been very appreciative of the photos and announcements as they cannot afford these. It demonstrates that the health department is proud of the healthy choice the parents made.

Billboards have also been utilized to publicize messages about breastfeeding. This has been an effective way to reach large numbers of people.

Creative and aggressive health education are needed to work towards the increased challenge of the Healthy People 2010 Objectives.

- submitted by Sara Bogle,
Purchase District Health
Dept.

Training Tidbits

RTC Training Courses – FY00
The Emory University Regional
Training Center, Atlanta, GA,

will provide fifteen (15) course offerings during fiscal year 2000 (July 1, 1999 – June 30, 2000). All fifteen (15) offerings along with course content and some registration forms have been forwarded to District Training Contacts and LHD Administrators. ***Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms.*** Course dates, locations, and titles have been forwarded to each District Training Contact and LHD Administrator, as well as listed below:

6/2/00 Adolescent Sexuality
Lexington

NEW

6/7/00 HIV Infection

Overview

for Paraprofessional Staff
Louisville

6/16/00 Creating an Efficient
Clinic
Louisville

6/22/00 Current Reproductive
Health Issues for Clinicians
Lexington

6/23/00 Pharmacology Update
for Women's Health Care Staff
Lexington

Ms. Sandy Williams may be contacted regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given

in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

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